Knowledge and Attitude in Palliative Care Management

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Abstract: A palliative nurse is required to have the right knowledge and attitudes as one of the important factors that influence the success of palliative care so that the patient is ready to accept the unwell physical condition even in at its worst. The purpose of this study was to determine the relationship between knowledge and attitudes of nurses regarding the management of palliative care in one private hospital in the West Indonesia. The method was conducted using a quantitative descriptive correlational with cross sectional design. A total sampling technique was applied by recruiting 45 nurses from two palliative cancer wards in one private hospital. The level of knowledge and attitudes of the nurses were measured using two questionnaires PCQN (*The Palliative Care Quiz for Nursing)* and FATCOD (*Frommelt Attitudes Toward Care of the Dying*). Kendall's tau-b correlations test was applied to identify the correlation. Most of the nurses' knowledge was moderate (68.9%) and their attitude was negative (55.6%). In addition, there is no correlation between the levels of knowledge of nurses about palliative care with attitudes toward patient management in the palliative care (p value 0.434). Further study is needed to explore other factors related to nurses' attitude towards palliative care management.

1 INTRODUCTION

According to the Ministry of Health of the Republic of Indonesia (Kementrian Kesehatan Republik Indonesia, 2013) in 2017, the palliative care program is an effective way to reduce suffering and improve the quality of life of patients and their families whose diseases cannot be cured or so-called terminal diseases such as diabetes mellitus, hypertension, heart disease, cancer, chronic kidney failure, and others. This method is done to minimize the impact of disease progression and anticipate problems that arise so that patients can optimally perform their activities according to their conditions before they die.

Cancer is one terminal illness that requires palliative care and is one of the world's public health problems that cannot be avoided because the percentage increases every time. According to World Health Organization (WHO, 2018), cancer is the second leading death after cardiovascular disease in the world with a percentage of 13% and it ranks as number seven as the cause of death in Indonesia. WHO also stated that by 2030 it is estimated that there will be approximately 26 million people suffering from cancer, of which 17 million are expected to die.

Based on the data from the Republic of Indonesia Basic Health Research in 2013, the prevalence of cancer in Indonesia was 1.4% per mile (1.4 per 1000 population) from the prevalence of old cases and new cases in a certain period of time. From the above data, we can see that cancer patients trying to improve their health and the stability of their physiology function (Ministry Of Health Republic Of Indonesia, 2014).

Ministry of Health No. 812 / Menkes / SK / VII / 2007 states that at an advanced stage patient with chronic disease or terminal care does not only experience various physical problems such as pain, shortness of breath, weight loss, and disruption of activities but also experiences psychosocial and spiritual disorders that affect quality life of the patient and his family (Kementrian Kesehatan Republik Indonesia, 2007). It is obvious that the needs of palliative care for patients with advanced disease is crucial as it does not only deal with physical symptom but also social, psychological and spiritual both patients and their families. According to Rome *et al.* (2011) most people still assume that palliative care is only for patients in terminal

conditions that will soon die; however the new concept in palliative care emphasizes the importance of early integration of palliative care so that palliative patients' physical, psychosocial, and spiritual problems can be well addressed.

Palliative care in Indonesia, especially for patients with medical diagnoses of cancer, is still slightly related to the resources of health workers who have not properly understood the management of palliative care. Fitria (2010) stated that hospitals in Indonesia with the ability to provide palliative care are still limited to five major cities, namely Jakarta (Citra Mangunkusumo Hospital and Dharmais Cancer Hospital), Yogyakarta (Dr. Sardjito Hospital), Makassar (Wahidin Sudirohusodo Hospital), Surabaya (Dr. Soetomo Regional General Hospital), and Denpasar (Sanglah Hospital). Currently, a Private Hospital in Western Indonesia which was established in 2011 provides hope for the provision of holistic palliative nursing care amid the increasing needs and number of terminal and chronic patients, especially cancer. According to Mukemo *et al* (2017) in research Sanderson & Tieman (2010) palliative care has traditionally been regarded as providing intense care from patients who are close to death (end of life). In recent years, palliative care has been expanded to include patients who can live for years with end-stage organ failure and not just cancer.

One important factor that influences the success of palliative health care by health professionals such as nurses is the presence of knowledge, attitudes, beliefs, and experiences that are not only determined by their procedures but also the attitudes and behavior of nurses while caring for these patients. In providing holistic nursing care, a nurse needs to have an extensive and positive knowledge and skills so that she can provide good palliative care (Pradana, Wira and Nym., 2012). Nurses are members of the palliative care team who are able to overcome the dimensions of physical, functional, social, and spiritual care (Mukemo *et al.*, 2017).

2 METHODS

A quantitative descriptive correlational study with cross sectional design was conducted for this research using univariate and bivariate analysis technique. This study aims to describe the existing phenomena and to identify and to determine the relationship of knowledge level of the nurses towards nurses' attitude of palliative care management. This study used total sampling of 45

nurses in palliative care of Western Indonesian Private Hospital and three nurses are registered palliative nurses who have had special training and are certified as palliative nurses. The sampling technique in this study used total sampling so that the number of samples in this study also amounted to 45 nurses that has settled in that room.

The instrument used was a questionnaire containing two different types of questionnaires on each variable, namely the Palliative Care Quiz for Nursing (PCQN) and it was used to measure the level of knowledge of the nurses and Frommelt Attitudes Toward Care of the Dying (FATCOD) was used to measure nurses' attitude. The PCQN questionnaire consists of 20 statements with 3 categories of answers which are 'true', 'incorrect', and 'I don't know'. The score of each statement of this questionnaire is one for 'correct' answer and zero for 'not true' and 'I don't know' answer with the total score of this PCQN questionnaire is zero to twenty, for the lowest score indicating low knowledge. Total scores of these statements will be divided into three categories, which are low (0-7), moderate (8-14), and high (15-20).

The FATCOD questionnaire was used to assess attitudes of nurses towards the care of end of life patients and their families that consists of 30 statements with a Likert scale. Rating categories range starts from one (strongly disagree) to five (strongly agree) and inverse score for negative statements. This questionnaire is divided into two categories, 15 positive statements and 15 negative statements that were completed by a total value ranging from 30-150. Higher scores reflect more positive attitudes and the lowest reflect negative attitudes.

Both questionnaires have been tested for validity and reliability in previous studies and no statements have been changed. A questionnaire was used in this study after being tested for validity and reliability by several previous researchers. FATCOD questionnaire was tested for its validity and reliabilty by A'la (2016), Cronbach Alpha and obtained a result of 0.68. Validity test was done using Person correlation which ranges between -0.278 to 0.544 and reliability is 0.713 which means valid. According to Agustina *et al.*, (2014) PCQN instrument had also been modified in accordance with the prevailing context in Indonesia. Nakazawa *et al.*, (2010) reported that the value of Cronbach Alpha from this instrument was in the range of 0.67-0.86 while the value of validity is 0.651 and the reliability is 0.713 which means valid after the instrument was tested on 947 respondents in various

hospitals in Japan . For Indonesia, the questionnaire was used by Christantie (2012) for nursing students in Yogyakarta that similar to Cronbach Alpha value in the previous study Nakazawa. These results indicate that this instrument is valid and reliable to use in this study. Collecting data results is done simultaneously at the same time to identify and determine the existence and absence of a relationship between the level of nurse knowledge about palliative care and the attitude of management of patients in palliative care. The data processing process is carried out through four sequential stages starting from editing, is the entire data obtained needs to be re-examined, such as completing the questionnaire and ascertaining whether all questions have been filled. Then, coding is done to simplify each answer, where the activity carried out is to give a code that is changing the sentence or letter into the number code on each questionnaire. During the data entry stage edited data was imputed into the computer system then was double checked by the researcher to ensure accuracy. The data collection procedure begins with the researcher requesting a permission to conduct research by asking for a research permit from University of Pelita Harapan (UPH). To get ethical clearance the respondents filled out the informed consent, without names and, with initials only (anonymity). The researcher also made sure that the study maintains data confidentiality.

3 RESULTS

In this study, the researcher discussed the descriptions of the frequency and percentage of respondents' characteristics towards five demographic variables, namely age, gender, education, work experience and number of times the respondents attended a special training related to palliative care. Data results are shown in table 1 below.

Table 1: Distributions of Nurses Demographics.

Characteristics of Nurses	Frequency (Number)	Percentage (%)
Age		
20-30 years old	33	73.3
31-40 years old	10	22.2
>40 years old	2	4.4
Total	45	100
Gender		
Male	2	4.44
Female	43	95.6
Total	45	100
Nursing Qualification		
Diploma	21	46.7
Bachelor of Nursing	24	53.3
Total	45	100
Working Experience		
<1 years	5	11.1
1-5 years	32	71.1
6-10 years	6	13.3
11-15 years	2	4.4
Total	45	100
Palliative Care Training		
Never	23	51.1
1 times	12	26.7
2 times	8	17.8
3 times	1	2.2
4 times	0	0
5 times	1	2.2
Total	45	100

The table above shows that the majority of respondents 33(73.3%) were within the age 20-30 years old and more female 43(95.5%) rather than male nurses. Educational qualifications recorded include most respondents (53.3%) have Bachelor of nursing degree with majority of nurses 32 (71.1%) had around 1-5 years working experiences. Respondents were asked and recorded if they had received palliative care training. Finding revealed that 23 respondents (51.1%) had never attended any palliative care training, 12 respondents (26.7%) had attended training once, 8 respondents (17.8%) had attended training two times, and 1 (2.2%) respondent had attended three and five times.

Table 2 shows that The majority of nurses (68.9%) have a moderate level knowledge and 31.1% have a low level of knowledge.

Table 2: Distribution of Nurse Knowledge about Palliative Care.

Knowledge	Frequency	Percentage (%)
Low	14	31.1
Moderate	31	68.9
High	0	0
Total	45	100.0

It can be seen (in table 3) that more than half nurses (55.6%) have negative attitudes towards their palliative care services while 44.4% had positive attitudes.

Table 3: Distribution of nurses' attitudes about Palliative Care.

Attitude	Frequency	Percentage (%)
Positive	20	44.4
Negative	25	55.6
Total	45	100.0

The result in table 4 revealed that there is no relationship between the level of knowledge of the nurses towards the attitude of palliative care management. It is revealed that Sig. (2-tailed) of the two variables has p value 0.434 where Sig> 0.05 then H_0 is accepted.

Table 4: Analysis of the Relationship between Nurses' Knowledge Level and the Attitude of Management of Palliative Patient Care.

Knowledge	Attitude		Percent (%)
	-	+	
Low	9	5	31.1%
Moderate	16	15	68.9%
High	0	0	0%
Total	25	20	100%
Sig.2 Tailed Test *Kendall's Tau B*			0.434

4 DISSCUSSION

Table 1 shows of 45 respondents in that hospitals, female nurses are 43 respondents (95.6%) and male nurses are two (4.4%) respondents. The results turned out to be in accordance with Indonesian Ministry of Health Data also the data in Indonesian Nurses Association (PPNI) in April 2017 that was found out from 359,339 registered nurses, 256,326 (71%) nurses are female, while male nurses are only 103,013 (29%). In addition, table 1 shows that the age of respondents is mostly in the range of 20-30 years old are 33 respondents (73.3%), according to Notoatmodjo Soekidjo (2012) age influences one's perception and mindset also how to think and act. The highest proportions of respondents' educational background are Strata one (S1), 24 respondents (53.3%) while the others are Diplomas 21 respondents (46.7%).

Table 2 shows that almost 70 % nurses were in the moderate level of palliative care knowledge. The results of the questionnaire data analysis showed that 31 out of 45 nurses were able to correctly answer management of symptoms and pain questions. However, it was only one nurse who was able to answer questions related to palliative care principles

and psychological and spiritual symptoms. When compared with the Notoatmodjo (2012) study Wulandari (2015) of six levels of cognitive domains, almost all nurses in this study contraindicated that they know the basics of palliative care but they had lack of applying palliative care management. This is in accordance with the results of observations and interviews that most of the samples were new nurses who still followed directions and instructions from their seniors in the wards. Researchers assume that the need for giving the training that certify a nurse as a palliative nurse and character guidance should be given continuously to be able to increase knowledge and attitude in providing psychosocial and spiritual care.

Table 2, shows that 25 nurses (55.6%) have an attitude with the tendency that leads to a negative category. This can be supported by the interview that revealed that five nurses mentioned that they had empathy to their patients, however, they had a very limited time to be responsible for giving palliative care and they had to focus on their core work or task. Based on Table 3, the results of the Kendall's Tau B Correlations test on 45 respondents with a computerized system showed that Sig. (2-tailed) of the two variables is 0.434 where Sig> 0.05. These results indicate there is no correlation between the level of knowledge of nurses about palliative care and attitudes towards the management of patients in palliative care at private hospitals in Western Indonesia. A similar result by Alvaro (2009) (Wulandari, 2015) which stated that there is no relationship between knowledge and nurses' attitudes. In their study, nurses had a positive attitude, but the result of knowledge level is low. This might be because nurses tried to follow the regulations and culture that was set in the ward which made them serve patients in a good attitudes even though their knowledge of palliative care is low.

According to Nursalam (2008), a good level of knowledge and attitude can be obtained from experience and is relatively easy to develop with training. The negative attitudes shown by someone can occur because there are several factors that influence it. According to Kiran, Y., and Dewi, U. (2017) the attitude was not gained since birth but was learned and formed based on individual experience throughout his life. As individuals, an attitude arises based on what arises from within him such as thoughts and feelings. As social beings, the attitude that is raised by someone is inseparable from the influence of external interactions from other individuals, situations, events, and the

surrounding environment. Both also stated that having good knowledge does not guarantee that someone has a good attitude. Therefore, it is important for each individual, especially the nurse to recognize the factors that influence his attitude and behavior to patients. Based on observations in the ward, researchers also found that the pattern that prevailed in the ward, the feeling of giving the best, and the inability to manage themselves and time also became factors that influenced them to be negative.

5 CONCLUSSION

Based on the overall results of the research analysis entitled "The Relationship of Nurses' Knowledge Levels About Palliative Care with Attitudes Toward Patient Management in Palliative Care in Western Indonesian Private Hospitals", from 45 respondents, the result obtained from demographic data, the highest proportion of working nurses is 20-30 years old as many as 33 people (73.3%), with female as many as 43 people (95.5%), having a Bachelor's education background (S1) as many as 24 people (53.3%), with experience working for one to five years as many as 32 people (71.1%), and those who have not yet attended the palliative basic training as many as 23 people (51.1%). From univariate analysis, it was found that the level of knowledge of nurses in the moderate category consisted of 31 people (68.9%) based on the result from the PCQN questionnaire. Whereas, for attitude, nurses who have a tendency to behave negatively was amounted to as many as 25 people (55.6%). After the Kendall's Tau B Correlations test, it was found that Sig. (2-tailed) of the two variables is 0.434 where Sig> 0.05, the initial hypothesis is accepted. In conclusion, the results of this study indicate that there is no correlation between the level of knowledge of nurses and the attitude of managing palliative patient care. Based on the results of analysis, observation and interviews, this can be caused by several factors such as age, experience, and workload of nurses in the hospital.

It is expected that future studies can focus on and reexamine the possibility of other factors that may influence the level of knowledge and tendency of nurses' attitudes when doing management in palliative patients. In addition, the researchers also suggested hospitals to conduct periodic evaluations of the level of knowledge and attitudes of nurses so that they could improve the quality of care and reputation of the hospital. In addition, it is expected that there will be a character development seminar,

time and personal management and moral support from various parties to improve the attitude of nurses to be more positive. Nurses can also use the opportunity not only to continue their education to a higher level, or to enrich their knowledge and skills by attending existing palliative seminars, but also make some time to do meditation, counseling, and other positive things.

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